

## EMPLOYEE WORKSHEET CAFETERIA PLAN OPTIONS - CALENDAR YEAR 2014

The County contributes a dollar amount, usually determined through labor negotiations that will be applied toward the cost of health, dental and vision plans you select. Your benefit options and their costs are provided below. **In order to complete this worksheet, you must obtain the semi-monthly amount of the County Contribution from your Payroll Coordinator.** All **premiums** listed below are **semi-monthly** amounts. Circle the premium amounts for the plans you have selected.

<b><u>Health</u></b> (Optional)	<b><u>Single</u></b>	<b><u>2 – Party</u></b>	<b><u>Family</u></b>
Blue Shield HMO Access+	\$271.61	\$543.21	\$706.18
Blue Shield HMO NetValue	\$228.59	\$457.17	\$594.32
Anthem HMO Traditional	\$296.10	\$592.20	\$769.86
PERS Select	\$293.16	\$586.32	\$762.22
PERS Choice	\$306.13	\$612.25	\$795.93
PERS Care	\$319.11	\$638.22	\$829.69
PORAC	\$317.00	\$593.00	\$753.50
Waive Coverage	N/A	N/A	N/A
<b><u>Dental</u></b> (Mandatory)			
Delta Dental	\$23.48	\$39.91	\$61.03
Aetna Dental DMO	\$15.18	\$25.10	\$37.09
<b><u>Vision</u></b> (Mandatory)			
VSP	\$ 4.77	\$7.27	\$11.76

### **Employee Cash-out or Deduction**

COUNTY CONTRIBUTION \$ \_\_\_\_\_  
(*semi-monthly*)

(Subtract \$59.50 if health coverage waived)  
(Mgt. & Confidential subtract \$69.50  
if health coverage is waived)

LESS: Health \$ \_\_\_\_\_  
Dental \$ \_\_\_\_\_  
Vision \$ \_\_\_\_\_

(\_\_\_\_\_)

(Add the insurance plan costs and subtract  
from County contribution.)

NET CASH or DEDUCTION \$ \_\_\_\_\_

**NOTE: All medical deductions will be taken with pretax dollars unless you elect to waive this tax benefit.**